TDDDCGGG				NODELL GAROLINA			AGD: 1	1
IPDR6702 RUN DATE:	05/13/2007		II	NORTH CAROLINA PRS CHECKWRITE SUMMARY REPORT		P.	AGE: 1	1
				CHECKWRITE DATE: 05/15/2007				
	T	1	T	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	CHOUL HOLDING THE	8505	303	CLAIM DENIED DUE TO INSUFFICIE				
3101301	SMOKY MOUNTAINM H/DD/SAS	0303	303	NT BUDGET				
		0524	181					
		8534	181	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	3	670	674	4
				PROVIDER. PLEASE VERIFY THE F				
		8508	116	CLAIM DENIED NO BUDGET FOUND				
3404904	WESTERN HIGHLAN	8534	228	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				TROVIDER. I BENGE VERTI I III I				
		21	147	DUPLICATE OF CLAIM-SYSTEM	(933	12416	11483
		191	108	CLIENT ID NUMBER DOES NOT MATC	+			
				H PATIENT NAME				
3404910	Damilwayo	21	531	DUPLICATE OF CLAIM-SYSTEM	+			
	PATHWAYS				+			
		8599	135	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	11	1151	5749	4555
				BENEFIT PACKAGE.				
		8534	89	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PHEASE VERIFI THE P				
3404912	CATAWBA COUNTYM	3411	10	PROVIDER TYPE AND SPECIALTY 07				
	ENTAL HEALT			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		21	4	DUPLICATE OF CLAIM-SYSTEM		27	737	710
						27	757	710
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8505	27280	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT				+			
								<u> </u>
		8800	8598	FURTHER PROCESSING NECESSARY,	5	40050	40078	28
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	+	-		
						<u> </u>		
		11	3741	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
					+			-
3404916	CROSSROADS BEHA	5404	3	SEVERE DUPLICATE: SAME ATTD PR		<u> </u>		
	VIORAL HEAL			OV/PCODE/TOS/DOS/MOD				
		8505	1	CLAIM DENIED DUE TO INSUFFICIE) 4	4	_
				NT BUDGET	+	4	4	0
2404012		0505	2700	OLATM DENTED DUE NO TWO PROTESTING				
3404917	CENTERPOINT HUM AN SERVICES	8505	2798	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	-	-		
		1	1			<u> </u>		
	AN SERVICES							t
	AN SERVICES							
	AN SERVICES	8599	96	DETAIL NOT COVERED BY COMBINAT		. 3339	6389	3050
	AN SERVICES	8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	:	. 3339	6389	3050
	AN JERVILES	8599	96	ION OF RECIPIENT, PROVIDER AND	:	. 3339	6389	3050
	AN JENYALES	8599 5404	96	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR	:	3339	6389	3050
	AN JENYALES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	:	3339	6389	3050

		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	630	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	191	FURTHER PROCESSING NECESSARY,	0	1166	1421	255
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		3411	115	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404920	ALAMANCE CASWEL	8505	2261	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		21	78	DUPLICATE OF CLAIM-SYSTEM	1	2423	7003	4580
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
240405-		0505	1172					
3404921	ORANGE PERSON C	8505	1173	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		5310	150	DE LOS AUGUSTOS DOLLAS DE CONTROL				
		5312	159	PRIOR AUTHORIZED DOLLARS EXCEE	2	1750	3381	1631
				DED				
	1		-					
		21	127	DUDI TOAMB OF GUATM OVONOV				
		21	137	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	8505	5471	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		21	2454	DUDI TOURS OF OUT THE OVORSEM				
		21	2454	DUPLICATE OF CLAIM-SYSTEM	28	9447	15378	5931
		8800	1428	FURTHER PROCESSING NECESSARY,				
		0000	1420	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404923		191	33					
3404923	FIVE COUNTY MH	191	33	CLIENT ID NUMBER DOES NOT MATC				
3404923	FIVE COUNTY MH	191	33					
3404923	FIVE COUNTY MH	191	33	CLIENT ID NUMBER DOES NOT MATC				
3404923	FIVE COUNTY MH			CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	191	33	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT	0	108	2591	2483
3404923	FIVE COUNTY MH			CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C	108	2591	2483
3404923	FIVE COUNTY MH			CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT	C	108	2591	2483
3404923	FIVE COUNTY MH	8599	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	108	2591	2483
3404923	FIVE COUNTY MH			CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP	c	108	2591	2483
3404923	FIVE COUNTY MH	8599	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	108	2591	2483
3404923	FIVE COUNTY MH	8599	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP	C	108	2591	2483
		8599 8536	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	C	108	2591	2483
3404923	SANDHILLS CENTE	8599	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	C	108	2591	2483
		8599 8536	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE	C	108	2591	2483
	SANDHILLS CENTE	8599 8536	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE	C	108	2591	2483
	SANDHILLS CENTE	8599 8536	27	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE	0			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	C			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	13			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	13			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	13			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	13			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	13			
	SANDHILLS CENTE	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	13			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505	27 20 1472	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	13			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21	27 20 20 1472 124	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13			
	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21	27 20 20 1472 124	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT	13			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21	27 20 20 1472 124	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13			
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21	27 20 20 1472 124	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	1912	7888	5976
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21 8599	27 20 1472 124 121	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1912	7888	5976
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21 8599	27 20 1472 124 121	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI		1912	7888	5976
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21 8599	27 20 1472 124 121	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI		1912	7888	5976
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21 8599	27 20 1472 124 121	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI		1912	7888	5976
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21 8599 8599	27 20 1472 124 121 76	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION		1912	7888	5976
3404925	SANDHILLS CENTE R FOR MH/DD	8599 8536 8505 21 8599 8599	27 20 1472 124 121 76	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION ATTENDING PROVIDER TYPE AND SP		1912	7888	5976

PROVIDER NUMBER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8505	1412	CLAIM DENIED DUE TO INSUFFICIE				
	HC		+	NT BUDGET				
			1					
		8599	58	DETAIL NOT COVERED BY COMBINAT	0	1519	2161	642
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		5404	41	SEVERE DUPLICATE: SAME ATTD PR			-	
			+	OV/PCODE/TOS/DOS/MOD				
			+					
3404930	JOHNSTON COUNTY	8505	278	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MNTL HLTHC			NT BUDGET				
		21	163	DUPLICATE OF CLAIM-SYSTEM	0	632	1749	1117
					-			
		23	74	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404931	MAKE GO HIM GAG	8505	104	CLAIM DENIED DUE TO INSUFFICIE	 		 	
	WAKE CO HUM SVC BILLING OF		+	NT BUDGET	 		 	
		1	1					
			1					
		120	83	CLIENT ID NUMBER MISSING OR IN	20	421	4720	4299
				VALID. ENTER CID AND SUBMIT				
		1	<u> </u>	AS A NEW CLAIM			ļ	
		0500	40	DESCRIPTION OF SOMETHING				
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			+					
3404933	SOUTHEASTERN CT	8534	185	SERVICE FACILITY LOCATION IS N				
	R FOR MH/DD		+	OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8599	152	DETAIL NOT COVERED BY COMBINAT	0	647	3682	3035
 				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	126	DIAGNOSIS OR SERVICE INVALID F				
			+	OR CLIENT AGE. VERIFY CID,				
			+	DIAGNOSIS, PROCEDURE CODE FOR				
			+					
3404934	ONSLOW CARTERET	8599	273	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0525	225	OPPUTOR PROTETRY LOGRATION WAS				
		8535	225	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM.	1	624	1752	1128
				PLEASE RESUBMIT THE CLAIM WITH				
			+					
		8534		SERVICE FACILITY LOCATION IS N				
			53	SERVICE PACIFITI BOCATION IS N				
			53	OT A VALID IPRS ATTENDING				
			53					
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL	0	0	OT A VALID IPRS ATTENDING				
3404935	WAYNE CO MENTAL HEALTH CTR	0		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935		0		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935		0		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935		0	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	0	0	0
		0	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT ***	0	0	0	0
3404935 3404936	HEALTH CTR WILSON-GREENE M	0	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR	0	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HEALTH CTR WILSON-GREENE M	0	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0			
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P				
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8599	0 0 88 88 3 3 3	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505	0	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE				
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8599	0 0 88 88 3 3 3	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599	0 0 88 88 3 3 3	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE				
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599 8000	0 0 88 177 174	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	109	2433	2324
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599	0 0 88 88 3 3 3	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS		109	2433	2324
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599 8000	0 0 88 177 174	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT	0	109	2433	2324
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599 8000	0 0 88 177 174	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	109	2433	2324
	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599 8000	0 0 88 177 174	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	109	2433	2324
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599 8000	0 0 88 177 174	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	109	2433	2324
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH	0 0 8505 8599 8000	0 0 88 177 174	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	109	2433	2324

		1	I	T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					-			
3404939	NEUSE MENTAL HE	8599	101	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8654	30	ONLY 16 UNITS ALLOWED PER DAY	0	186	1228	1042
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		143	17	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404941		143	30	CLIENT ID NUMBER NOT ON STATE				
3404941	PITT CO MH/DD/S	143	30	ELIGIBILITY FILE				
	AS CENTER			BLIGIBILIT FILE				
		5404	27	SEVERE DUPLICATE: SAME ATTD PR	0	172	1971	1799
				OV/PCODE/TOS/DOS/MOD	0	1/2	19/1	1/99
		7001	20	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
		+		+				
3404942	ROANOKE CHOWANH	8599	108	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3411	8	PROVIDER TYPE AND SPECIALTY 07	0	123	1125	1002
				4/113 CANNOT BILL ENHANCED			2223	
				BENEFIT SERVICES ON OR AFTER D				
		21	6	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	5404	60	SEVERE DUPLICATE: SAME ATTD PR				
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD				
		191	16	CLIENT ID NUMBER DOES NOT MATC	10	116	1288	1172
				H PATIENT NAME				
		21	10	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8000	6	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		0510		OVANIA DENIADO GUDALOMO DELICADO				
		8518	4	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	1	14	1797	1783
				FISCAL YEAR DOS (JULY 1 - JUNE				
				FISCAL TEAR DOS (JULI I - JUNE				
		3411	2	DROUTDED MUDE AND CREGIALMY 07				
		J + 1 1	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
		-		BENEFIT SERVICES ON OR AFTER D				
		-		DENTIL SERVICES ON OR AFIER D				
3404946	FOOTHILLS AREAM	8505	3062	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	DIVINU UBAUI			-				
		191	600	CLIENT ID NUMBER DOES NOT MATC	19	5000	7123	2123
				H PATIENT NAME	- 17	5500	,123	2223
		8800	528	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404957	TIDELAND MENTAL	8505	57	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8933	5	ADTNC INELIGIBLE TO RECEIVE SE	5	77	1373	1296
				RVICES IN IPRS.				
		8000	5	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
				1		l —		1
3404979	NEW RIVER AREAM	8534	17	SERVICE FACILITY LOCATION IS N				
3404979	NEW RIVER AREAM H/DD/SA PRO	8534	17	OT A VALID IPRS ATTENDING				
3404979		8534	17					
3404979		8534	17	OT A VALID IPRS ATTENDING				